



## Smiling Star (Shanghai-Singapore) International Kindergarten

### STUDENT APPLICATION FORM

#### Application Checklist

Applicant's Name: \_\_\_\_\_

- RMB 1500 non-refundable application fee  
NOTE: Applications cannot be processed without payment of application fee
- Completed Application Form
- Copy of Student's birth certificate
- Copy of Student's passport (original must be available)
- Copy of Student's visa (original must be available) or a letter from parent's company
- Official school report from last two school years (if applicable) in English, or verifiable English translations
- Copy of current vaccination/immunization record
- Copy of Parents/Guardian's passport/ID
- 2 passport size photos
- Supporting documents of educational/psychological testing or special learning needs ( if applicable)

#### Parent/ Guardian Agreement

Submitting this application signifies agreement with the following:

1. The parents/guardians and student will abide by SSIK policies and procedures.
2. The parents/guardians understand and agree that academic or diagnostic testing may be administered to the student.
3. Parents/guardians give SSIK permission to contact their child's previous schools in order to obtain information relevant to the student's application.
4. SSIK has the right to keep all the information that parents/guardians submit with the application.
5. Parents/guardians agree to pay all fees and tuition according to SSIK policy.
6. The parents/guardians agree to inform the school if any given information described in this application form changes.
7. I/We certify that the information provided in this application is accurate and complete. I/We understand that failure to do so is grounds for nullification of a student's enrolment at SSIK.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (Day/Month/Year)



## STUDENT APPLICATION FORM

### A. Student's Information

Year level applied for: (Kindergarten 2 / Kindergarten 1 / Nursery 2 / Nursery 1 Preference  Half Day  Full Day)

*SSIK uses a Year Level system. Age and previous school experience are used as criteria in placing students. The school will make the final decision as to the student's Year Level and programme placement based on a review of these criteria.*

Desired Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD      MM      YYYY

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender:  Male       Female  
DD      MM      YYYY

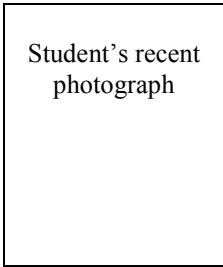
Passport Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(Family Name)(Given name)

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport No: \_\_\_\_\_ Date of Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD      MM      YYYY

Chinese Visa No: \_\_\_\_\_ Date of Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD      MM      YYYY

Siblings Name	Gender	DOB(DD/MM/YY)	Current School	Applying for/Attending SSIK
_____	_____	____/____/____	_____	<input type="checkbox"/> ( <input checked="" type="checkbox"/> if yes)
_____	_____	____/____/____	_____	<input type="checkbox"/>
_____	_____	____/____/____	_____	<input type="checkbox"/>



### B. Parents'/Guardians' Information

	Father/Guardian	Mother/Guardian
<b>First Name</b>		
<b>Surname</b>		
<b>Chinese Name</b>		
<b>Position/Title</b>		
<b>Company/Organization</b>		
<b>Company Address</b>		
<b>Office Telephone</b>		
<b>Mobile</b>		
<b>Office Facsimile</b>		
<b>Nationality</b>		
<b>Native Language</b>		
<b>Email</b>		
<b>China Address</b>		<b>Effective as of:</b>
		<b>Phone</b>
<b>Home Country Address</b>		<b>Phone</b>



Applicants will live in Shanghai with (please check all that apply):

- Father                     
  Mother                     
  Guardian                     
  Other

Expected Length of Stay in Shanghai: \_\_\_\_\_

*NOTE: It is the applicant's responsibility to update this information as needed. Telephone home numbers and email addresses are extremely important in the application process.*

**C. Language Information (For non-native English speakers only)**

	Student	Father/Guardian	Mother/Guardian
1 <sup>st</sup> Language			
2 <sup>nd</sup> Language			

Main Language spoken at home: \_\_\_\_\_

- Is English used at home?  Yes  No      If yes, what percentage? \_\_\_\_\_ %
- Where has your child studied English? (Please check and indicate the length of time.)
  - School \_\_\_\_\_ months/years       Private Tutor \_\_\_\_\_ months/years
  - Language School \_\_\_\_\_ months/years       Home/Other \_\_\_\_\_ months/years
- Has your child received EAL (English as Additional Language) instruction at school before?  Yes  No  
If yes, how long has he/she been in an EAL programme? \_\_\_\_\_ months/years

**D. Chinese Language**

- Does your child speak Mandarin at home?  Yes  No
- Has your child studied Mandarin before?  Yes  No If yes, for how long? \_\_\_\_\_ months/years
- Venue                       At home with tutor       School \_\_\_\_\_       Other \_\_\_\_\_

**E. Educational Information**

Previous School	City/Country	Language of Instruction	Type of School (please check one)	Grade/Year Level Attended	Dates Attended
			<input type="checkbox"/> U.K. based <input type="checkbox"/> U.S. based <input type="checkbox"/> Int'l <input type="checkbox"/> Other		to
			<input type="checkbox"/> U.K. based <input type="checkbox"/> U.S. based <input type="checkbox"/> Int'l <input type="checkbox"/> Other		to
			<input type="checkbox"/> U.K. based <input type="checkbox"/> U.S. based <input type="checkbox"/> Int'l <input type="checkbox"/> Other		to



2. Has your child ever been diagnosed with any of the following: (Please check relevant box if 'yes')

- Attention Deficit Disorder
- Autism
- Dyslexia
- Language and Speech Disorders
- Hyperactivity
- Others
- Emotional/behavioral Disorders
- Learning Disabilities

Please explain any checked box/es: \_\_\_\_\_

3. Is your child currently taking medication(s)? [ ] Yes [ ] No If yes, please describe: \_\_\_\_\_

4. Does your child have any physical ailments which could prevent him/her from participating in physical education classes?

- [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

5. In the past three years, has the student received service in a special programme (i.e. gifted and talented, learning difficulty, speech language therapy, etc)? [ ] Yes [ ] No

Description of Services: \_\_\_\_\_

6. Has the student experienced difficulty in school? [ ] Yes [ ] No

Description of difficulty: \_\_\_\_\_

7. Has the student ever had any individualized testing such as intelligence tests, writing styles, reading and mathematics diagnostics, etc? [ ] Yes [ ] No If yes please enclose copies of those results

F. Health Information

1. Please provide a copy of inoculations/vaccination records

2. Does your child have any of the following? (Please check where relevant)

- [ ] Headaches [ ] Sight problems [ ] Diabetes [ ] Stomach problems
[ ] Heart problems [ ] Tuberculosis [ ] Asthma [ ] Neurological disease
[ ] Infectious disease [ ] Skin irritations [ ] Allergies [ ] Hearing problems
[ ] Epilepsy [ ] Other

If you checked any boxes above, please describe: \_\_\_\_\_

3. Has your child had a serious operation? [ ] Yes [ ] No If yes please provide details: \_\_\_\_\_

4. Does your child take any medication on a regular basis? If yes please provide details: \_\_\_\_\_

5. Does your child wear glasses or contact lenses? [ ] Yes [ ] No



**G. Emergency Contact (OTHER than parents)**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (O): \_\_\_\_\_ Hp: \_\_\_\_\_

Email: \_\_\_\_\_

**J. Transportation Information**

1. Do you wish to have bus transportation provided by the school? Cost per student is RMB 9, 600 annually and RMB 2,520 per term. Please note that we require up to two weeks notice to arrange daily bus transportation for your child.

Yes  No

If yes, which day is the bus required?

Monday  Tuesday  Wednesday  Thursday  Friday

**K. Payment Details**

1. School Fee payments will be made by:

a.  Company  Parents  Other \_\_\_\_\_

b.  Annually  By Term\*

2. Bus Fee Payments (if applicable, based on Section J) will be made by:

a.  Company  Parents  Other \_\_\_\_\_

b.  Annually  By Term

\* Note that term-by-term tuition payments will incur a 5% surcharge per year.

If you checked Company in any of the three questions above, please provide details:

Contact person: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



## L. Marketing Release Form

### Marketing Waiver

Occasionally, SSIK will use images of students in marketing and promotional material. Please indicate your preference below:

- YES. I give SSIK permission to use images and pictures of my child in the marketing and promotional material
- NO. I prefer SSIK NOT use images and pictures of my child in its marketing and promotional material.

### Permission to Release School Records

By signing the application, you grant SSIK express permission to collect school records and related information and/or follow-up with any and all previously attended schools listed on this form.

Signature: \_\_\_\_\_  
(Father/Mother./Guardian)  
(Circle one)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please use a courier service or express mail to submit the completed application, non-refundable fee of RMB 1500 and all other require application materials to the address below.

- Upon submission of the completed application form and the application fee, the application will be assigned an application date, which we use to manage our waiting lists.
- At waitlisted levels, the application date becomes important only after applicants have been formally accepted.
- Please note that the admissions review process to determine acceptance starts only upon receipt of all supporting materials